

Dkt. No. TAN-331**DECLARATION AND POWER OF ATTORNEY FOR PATENT APPLICATION**

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (*if only one name is listed below*) or an original, first and joint inventor (*if plural names are listed below*) of the subject matter which is claimed and for which a patent is sought on the invention entitled
EPOXY RESIN, EPOXY RESIN COMPOSITION THEREOF AND CURED PRODUCT THEREOF

_____, the specification of which:
 (check one) ☒ is attached hereto ☐ was filed on _____ as
 Application Serial No. _____ and was amended on _____ (*if applicable*).
 I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT international application which designated at least one country other than the United States, listed below and have also identified below any foreign application for patent or inventor's certificate, or PCT international application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s)

_____ (NUMBER)	_____ (COUNTRY)	_____ (FILED D/M/Y)	<input type="checkbox"/> <input type="checkbox"/> YES NO
_____ (NUMBER)	_____ (COUNTRY)	_____ (FILED D/M/Y)	<input type="checkbox"/> <input type="checkbox"/> YES NO
_____ (NUMBER)	_____ (COUNTRY)	_____ (FILED D/M/Y)	<input type="checkbox"/> <input type="checkbox"/> YES NO
_____ (NUMBER)	_____ (COUNTRY)	_____ (FILED D/M/Y)	<input type="checkbox"/> <input type="checkbox"/> YES NO
_____ (NUMBER)	_____ (COUNTRY)	_____ (FILED D/M/Y)	<input type="checkbox"/> <input type="checkbox"/> YES NO
_____ (NUMBER)	_____ (COUNTRY)	_____ (FILED D/M/Y)	<input type="checkbox"/> <input type="checkbox"/> YES NO
_____ (NUMBER)	_____ (COUNTRY)	_____ (FILED D/M/Y)	<input type="checkbox"/> <input type="checkbox"/> YES NO

Priority Claimed

I hereby claim the benefit under 35 U.S.C. §120 of any United States application(s), or §365(c) of any PCT international application designating the United States, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT international application in the manner provided by the first paragraph of 35 U.S.C. §112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application:

_____ (APPLICATION SERIAL NO.)	_____ (FILING DATE)	_____ (STATUS)
_____ (APPLICATION SERIAL NO.)	_____ (FILING DATE)	_____ (STATUS)

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorneys and/or agents to prosecute this application and transact all business in the Patent and Trademark Office connected therewith:

Leonard W. Sherman	Reg. No. 19,636	Alan Holler	Reg. No. 29,266
Edwin A. Shalloway	Reg. No. 19,967	Karl Hoback	Reg. No. 23,026
Richard A. Steinberg	Reg. No. 26,588	Robert L. Haines	Reg. No. 35,533
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or document or any patent issuing thereon.

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☒ ADDITIONAL INVENTORS ARE BEING NAMED ON SEPARATELY NUMBERED SHEETS ATTACHED HERETO

ADDITIONAL INVENTORS

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Date of signature			
Residence			
	CITY	STATE OR PROVINCE	COUNTRY
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